

PTC/58/81 (09-03) Approved for use through 11/30/2005. OMB 0551-0035 U.S. Patent and Tradomark Office; U.S. DEPARTMENT OF COMMERCE Under the Paparwork Reduction Act of 1985, no pursons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number UNKNOWN Filing Date UNKNOWN **POWER OF ATTORNEY** First Named Inventor SONNLETTNER and Safety Valve **CORRESPONDENCE ADDRESS** Art Unit UNKNOWN **INDICATION FORM** Examiner Name UNKNOWN Attorney Docket Number RP-00369-US3

| I hereby appoint | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | _ | | | | |
|---|--|---------------------|-----------------------|------------------------------|--|--|--|--|
| Proculoners associated with the Customer Number: | | 2873 | 5 | | | | | |
| OR . | | | | - | | | | |
| Practitioner(s) named below: | | | | | | | | |
| Name | | Registration Number | | | | | | |
| | | | | · | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| as my/our attorney(s) or agent(a) to present the application Yrademark Office connected therewith. | identified above | , and to tra | nsact all business in | the United States Patent and | | | | |
| Please recognize or change the correspondence address for t | he above-identi | fled goolica | ition to: | | | | | |
| The address associated with the above-mentioned Customer Number: | | | | | | | | |
| OR 1 | | | | | | | | |
| | | | į | | | | | |
| The address associated with Customer Number: | | | | | | | | |
| OR | | | | | | | | |
| Firm or Individual Name | | | | | | | | |
| Address | | | | | | | | |
| Address | | | | | | | | |
| City | | State | | Zip | | | | |
| Country | | Fax | | - | | | | |
| Telephone | | 1.00 | | | | | | |
| I sm the: Applicant/leventer. | | | | | | | | |
| | | | | | | | | |
| Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | | |
| Name GRAF, Manfred | | | | | | | | |
| Signature Manhall Sonof | | | Telephone / | p7011/ /m 4 40 0 4 | | | | |
| Date 2004 03 31 | | , | | 07246 601 1301 | | | | |
| NOTE: Signatures at all the Inventors or easigness of record of the entire Interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | |
| Total of 02forms are submitted. | | | | | | | | |
| This collection of information is continue by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the | | | | | | | | |

This collection of information is coguined by 37 CFR 1.31 and 1.33. The information is required to obtain or respin a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 5.2 FR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, properting, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any confidence on the amount of time you require to complete this form another appositions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commission of the Varianchia, VA 22313-1460. DO NOT SENU FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/81 (09-03) U.S. Patent and Trademerk Office; U.S. OEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number. Application Number | UNKNOWN** Filing Oats UNKNOWN **POWER OF ATTORNEY** First Named Inventor SONNLETTNER and Safety Valve **CORRESPONDENCE ADDRESS** Art Unit UNKNOWN **INDICATION FORM** Examiner Name UNKNOWN Attorney Docket Number RP-00369-US3

| I hereby appoint: | | | | 1 | | | | |
|---|-------------------------------|---------------------------------------|----------------|----------|-------------|--|--|--|
| Practitioners associated with the Cus | lomer Numbér: | 28735 | | į | | | | |
| OR | <u> </u> | | | _ | | | | |
| Practitioner(s) named below: | | | | | | | | |
| Name · | | Registration Number | | | | | | |
| <u> </u> | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | **** | | | | | |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transect all business in the United States Patent and Tradomerk Office connected therewith. | | | | | | | | |
| Please recognize or change the correspond | ence address for the above-in | ientified applicatio | on to: | | | | | |
| The address associated with the above-mentioned Customer Number: | | | | | | | | |
| OR | [| | -i | | | | | |
| The address associated with Cust | omer Number: | | | | | | | |
| OR | | | | | | | | |
| Firm or Individual Name | | | | , | | | | |
| Address | | | | | | | | |
| Address | | State | | Zlp | | | | |
| Country | | | | <u></u> | | | | |
| Telephone | | Fex | | | | | | |
| I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 9.71. Statement under 37 CFR 9.73(b) is enclosed. (Form PTO/S8/96) | | | | | | | | |
| SIGNATURE of Applicant or Assigned of Record | | | | | | | | |
| Name SONNLEITNER Michael | | | | _ | | | | |
| Signature | | | Telephone / | 1/2/2/1 | 385 46 64 | | | |
| Date 77 5. 05 | | | | U S dela | <u> </u> | | | |
| NOTE: Signatures of all the inventors or essignous of record of the onlire interest or their representative(e) are required. Submit multiple forms it more train one algorature is required, see below. | | | | | | | | |
| *Total of <u>92</u> forms are submitted. | | | | | | | | |

This calocilon of information is inquired by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is assimilated to take 3 minutes to complete, including gathering, preparing, and submitting the complete of the part of the purpose of the formation of the USPTO. There will very depending upon the including case. Any contributes on the amount of time you require to complete this farm and/or suggestions for reducing this burdon, should be sent to the Chief information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria; VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTQ-9199 and select option 2.